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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No.

10/532,348 Art Unit Application No.

Filed July 20, 2005 Examiner Navin Natnithithadha

## METHOD FOR DETERMINING GASTRIC EMPTYING For:

## TRANSMITTAL.

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of Sitke AYGEN

Sir:

Transmitted herewith please find:

- ☑ Notice of Appeal, Pre-Appeal-Brief Request for Review
- ☑ Petition for extension of time
- ☑ Payment Form PTO-2038 (credit card) for \$825 is attached.
  - ☐ Charge \$ \* to Deposit Account No. 06-1358.
  - ☑ Small entity status established in connection with the subject application.

					Fee Calcu	lation				
					Excess C	laims				
	№ of Claims	Highest № Paid For			Excess Claims	Small Entity Fee		Large Entity Fee		
Total	*	Θ	*	=	0	⊗ \$26 =	\$	⊗ \$52	=	\$
Ind.	*	Θ	*	=	0	⊗ \$110 =	\$	⊗ \$220	=	\$
( ) Multiple Dependent Claims (1st Filing)						⊕ \$195 =		⊕ \$390	=	\$
Excess Claims Fee						\$			\$	
Extension of Time Fee					\$555				\$	
Other: Notice of Appeal							270			\$
Total Fee Due							825	_		\$0

☑ If a petition for extension of time is necessary, but not enclosed, then this acts as the petition. Charge any fees additionally necessary in connection herewith to Deposit Account No. 06-1358.

JACOBSON HOLMAN PLLC 400 Seventh Street, N. W. Washington, D.C. 20004-2201 Tel. (202) 638-6666

Fax (202) 393-5350 Date: March 2, 2011

Registration No. 31,409

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